

Family History Questionnaire

Child's Last Name:	Middle Initial:	First Name:	Date of Birth:
#1- Parent / Guardian/ Foster Parent (Please circle)		#2- Parent / Guardian/ Foster Parent (Please circle)	
Name:		Name:	
		____ Check here if you'd like additional results sent to this parent/guardian.	
Address:		Address:	
Mailing Address (if different):		Mailing Address (if different):	
Primary Phone Number:		Primary Phone Number:	
Alternate Phone Number:		Alternate Phone Number:	
Email Address:		Email Address:	
Best way to contact family: <i>phone/email</i> (circle one)		Best way to contact family: <i>phone/email</i> (circle one)	
Other children living in household:		Other children living in household:	
Name: _____ D.O.B.: _____		Name: _____ D.O.B.: _____	
Name: _____ D.O.B.: _____		Name: _____ D.O.B.: _____	
Name: _____ D.O.B.: _____		Name: _____ D.O.B.: _____	
Who does the child live with?		Child's Primary Language:	
Has your child's hearing been tested? Yes ____ No ____ When/by whom: _____			
Has your child had 3 or more ear infections? Yes ____ No ____ Does your child have tubes? Yes ____ No ____			
Do you have concerns about your child's hearing? Yes ____ No ____ List concerns: _____			
Has your child's vision been tested? Yes ____ No ____ When/by whom: _____			
Do you have concerns about your child's vision? Yes ____ No ____ List concerns: _____			
Does your child wear glasses? Yes ____ No ____			
Additional Relevant Health Information:			

Please complete reverse side.

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Does your child currently receive Special Education services ? Yes _____ No _____

Did your child receive Early Intervention services? Yes _____ No _____

Do you have any concerns with your child's development? (Please explain)

What things are difficult for your child?

Does your child currently attend preschool? Yes _____ No _____ Name of Preschool: _____

Times attending: Monday _____ AM _____ PM *(please check all that apply)*

Tuesday _____ AM _____ PM

Wednesday _____ AM _____ PM

Thursday _____ AM _____ PM

Friday _____ AM _____ PM

Please list anything else you would like us to know about your child's developmental history or family.

Name of person completing this form: _____

Relationship to child: _____

THANK YOU